| DMV Technician: Very Norselly Position | on: Or | 2 | |
|--|-----------|--------|------------------|
| Station: GLOSGEOWN Date: 11-17-14 Time | | 25 | |
| Vehicle Make: House Model Care | Year | 199 | d(3) |
| GVWR: Fuel Type: 5 Registration N | umber | 530 | 539 |
| Auditor: Dosser Covert Over | t (circle | e one) | |
| | | | |
| | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN number? | | | VI-S |
| 2. Was Emissions testing required? | | | |
| a) Was Emissions testing performed using OBD? | | | |
| b) Was Emissions testing performed using Analyzer Probe? | | | ale of League 13 |
| c) Was Emissions testing performed using Paddle(s)? | | - | |
| d) Was Emissions testing performed using Clip? | | - | |
| 3. Was Catalytic Converter inspection required? | | - | |
| a) Was Catalytic Converter inspection performed? | | | _ |
| 4. Was Fuel Tank pressure testing required? | | - | |
| a) Was Fuel Tank pressure testing performed? | | | _ |
| 5. Was Fuel Cap pressure testing required? | | - | |
| a) Was Fuel Cap pressure testing performed? | | | _ |
| 6. Is this test a Re-check from a prior failure? | ~ | | |
| a) Which re-check test is being performed? 1 2/3 (circle one)#5) | - | | |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | - | |
| | | | |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | - | |
| a) Was Two-Speed Idle testing performed? | | | - |
| | | | |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | - | | |
| a) Was Curb Idle testing performed? | | | |
| | | | |
| Comment: | | | |
| * Owner Persones Zermas * | | | |
| | | | |
| | | | |
| | - | | |
| Lane Supervisor Signature: | | | |

| DMV Technician: Carlo | RUDRIGEZ- | Positio | n; Oor | 2 | |
|---|------------------|--|-----------|------|-----|
| Station: Georgerous | Date: 1/- 12 | -/y Time | | | |
| Vehicle Make: K14 | Model Z | 0 | Year | | |
| GVWR: Fuel Type: | 9 | Registration N | | | 184 |
| Auditor: Dosser | | Covert/Over | t (circle | one) | |
| | | | | | |
| | | | YES | NO | N/A |
| 1. Did technician check vehicle paper | work and verify | VIN number? | | | |
| 2. Was Emissions testing required? | | | | | |
| a) Was Emissions testing performed | using OBD? | | | | |
| b) Was Emissions testing performed | | Probe? | | | |
| c) Was Emissions testing performed | | | | | |
| d) Was Emissions testing performed | using Clip? | | | - | |
| 3. Was Catalytic Converter inspectio | n required? | 20110000 | | | |
| a) Was Catalytic Converter inspection | on performed? | | | | _ |
| 4. Was Fuel Tank pressure testing req | uired? | DIDO WILLAMO | | | |
| a) Was Fuel Tank pressure testing pe | erformed? | | | - | |
| 5. Was Fuel Cap pressure testing requ | ired? | V | | | |
| a) Was Fuel Cap pressure testing per | formed? | | | | - |
| 6. Is this test a Re-check from a prior f | | | | ~ | |
| a) Which re-check test is being perfo | ormed? 1 2 3 (| circle one) | | | - |
| b) If this is re-check #3, was repair p | aperwork verifie | d for waiver? | | | |
| | | | | | |
| New Castle and Kent Counties Only | | W. 1850 - | | | |
| 7. Was Two-Speed Idle testing required | d? | | | - | |
| a) Was Two-Speed Idle testing perfor | | | | | _ |
| | | | | | |
| Sussex County Only | | | | | |
| 8. Was Curb Idle testing required? | | | | | |
| a) Was Curb Idle testing performed? | 1000 | | - | | |
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| Comment: | | | | | |
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| | | ne decarecture at a second | | | |
| Lane Supervisor Signature: | | | | T | |

| | Position: 1 o | r 2) | |
|---|---------------|---------|-----|
| Station: George Total Date: 11-17-14 | Time: 9:5 | 0 | |
| Vehicle Make: Jere Model | Year | 200 | 7 |
| | tion Numbe | | 949 |
| Auditor: Doscor Covert | Overt (circ | le one) | |
| | | | |
| | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN num | ber? | | |
| 2. Was Emissions testing required? | | | |
| a) Was Emissions testing performed using OBD? | | | |
| b) Was Emissions testing performed using Analyzer Probe? | | | |
| c) Was Emissions testing performed using Paddle(s)? | | _ | |
| d) Was Emissions testing performed using Clip? | | - | |
| 3. Was Catalytic Converter inspection required? | | - | |
| a) Was Catalytic Converter inspection performed? | | | _ |
| 4. Was Fuel Tank pressure testing required? | | - | |
| a) Was Fuel Tank pressure testing performed? | | | _ |
| 5. Was Fuel Cap pressure testing required? | | - | |
| a) Was Fuel Cap pressure testing performed? | | | _ |
| 6. Is this test a Re-check from a prior failure? | | - | |
| a) Which re-check test is being performed? 1 2 3 (circle one | | | - |
| b) If this is re-check #3, was repair paperwork verified for wair | ver? | | / |
| | | | |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | - | |
| a) Was Two-Speed Idle testing performed? | | | - |
| | | | |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | - | | |
| a) Was Curb Idle testing performed? | - | | |
| | 11 | | |
| Comment: | | | |
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| | | | |
| | 141 | | |
| | | | |
| ane Supervisor Signature: | | | |

| DMV Technician: Janow Champern Posit | ion Dor | 2 | |
|--|------------|--------|------|
| Station: Geography Date: 1/-17-14 Tim | e: 9: | 50 | |
| Vehicle Make: Teer Model Wenge | Year | | |
| GVWR: Fuel Type: \angle Registration | Number | Pe- | 7314 |
| Auditor: Over / Ove | rt (circle | e one) | |
| | | | |
| | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN number? | - | | |
| 2. Was Emissions testing required? | - | | |
| a) Was Emissions testing performed using OBD? | | - | |
| b) Was Emissions testing performed using Analyzer Probe? | - | | |
| c) Was Emissions testing performed using Paddle(s)? | | - | |
| d) Was Emissions testing performed using Clip? | | - | |
| 3. Was Catalytic Converter inspection required? | | - | |
| a) Was Catalytic Converter inspection performed? | | | - |
| 4. Was Fuel Tank pressure testing required? | | - | |
| a) Was Fuel Tank pressure testing performed? | | | _ |
| 5. Was Fuel Cap pressure testing required? | | - | |
| a) Was Fuel Cap pressure testing performed? | | | _ |
| 6. Is this test a Re-check from a prior failure? | | - | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | - |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | _ |
| | | | |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | - | |
| a) Was Two-Speed Idle testing performed? | | | _ |
| | | | |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | | | |
| a) Was Curb Idle testing performed? | | | |
| | | | |
| Comment: | | | |
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| | F | | |
| | | | |
| ane Supervisor Signature: | | | |

| DMV Technician: KEITH TAGOL | Position | 1 dr | 2 | |
|--|------------|---------|-----------------|-------------|
| Station: Georgeous Date: 11-17-14 | Time: | 9:1 | 5Am | |
| Vehicle Make: GMC Model ACADIA | | Year 🍃 | | |
| GVWR: Fuel Type: 6 Regis | tration Nu | mber: | PC44 | 1993 |
| Auditor: Dosser Cove | rt/Overt | (circle | one) | |
| | | | | |
| | | YES | NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN n | umber? | | | |
| 2. Was Emissions testing required? | | _ | | |
| a) Was Emissions testing performed using OBD? | | | - | |
| b) Was Emissions testing performed using Analyzer Probe | ? | _ | | |
| c) Was Emissions testing performed using Paddle(s)? | | | _ | |
| d) Was Emissions testing performed using Clip? | | | _ | |
| 3. Was Catalytic Converter inspection required? | | | | 2322022454m |
| a) Was Catalytic Converter inspection performed? | | | | - |
| 4. Was Fuel Tank pressure testing required? | | | | |
| a) Was Fuel Tank pressure testing performed? | | | V | |
| 5. Was Fuel Cap pressure testing required? | | | | - |
| a) Was Fuel Cap pressure testing performed? | | | | |
| 6. Is this test a Re-check from a prior failure? | | | | |
| a) Which re-check test is being performed? 1 2 3 (circle | one) | | | / |
| b) If this is re-check #3, was repair paperwork verified for | | | | - |
| | | | | |
| New Castle and Kent Counties Only | | | | |
| 7. Was Two-Speed Idle testing required? | | | _ | |
| a) Was Two-Speed Idle testing performed? | 2 | | | |
| | | | | |
| Sussex County Only | | | | |
| 8. Was Curb Idle testing required? | l. | - | | |
| a) Was Curb Idle testing performed? | | - | | |
| | | | | |
| Comment: | | | 300.000 | |
| | | | | |
| | | | 707 TOWN | |
| | | 10 | | |
| Section 1 | II | **** | | |
| Lane Supervisor Signature: | | | - emissilva axa | |

| | Position: for 2 | | |
|--|-----------------|----------|-----|
| Station: George Town Date: 11-17-14 | | :55 | |
| Vehicle Make: CHEU Model MALISO | Yea | | |
| GVWR: Fuel Type: 4 Registrati | | | 450 |
| Auditor: Dosser Covert / Cover | Overt (cir | cle one) | × |
| 1 | | | |
| | YE | S NO | N/A |
| 1. Did technician check vehicle paper work and verify VIN numb | er? | | |
| 2. Was Emissions testing required? | - | _ | |
| a) Was Emissions testing performed using OBD? | | - | |
| b) Was Emissions testing performed using Analyzer Probe? | | - | |
| c) Was Emissions testing performed using Paddle(s)? | | | |
| d) Was Emissions testing performed using Clip? | | ~ | |
| 3. Was Catalytic Converter inspection required? | | - | |
| a) Was Catalytic Converter inspection performed? | | | - |
| 4. Was Fuel Tank pressure testing required? | | - | |
| a) Was Fuel Tank pressure testing performed? | | | - |
| 5. Was Fuel Cap pressure testing required? | | - | |
| a) Was Fuel Cap pressure testing performed? | | | 1 |
| 6. Is this test a Re-check from a prior failure? | | - | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | 1 |
| b) If this is re-check #3, was repair paperwork verified for waive | er? | | - |
| | | | |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | | |
| a) Was Two-Speed Idle testing performed? | | | _ |
| | | | |
| Sussex County Only | | | ii. |
| 8. Was Curb Idle testing required? | - | | |
| a) Was Curb Idle testing performed? | ~ | | |
| | | | |
| Comment: | | | |
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| | ÷ | | |
| | | | |
| ane Supervisor Signature: | | | |